

S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43851**
Registrar's No. **213**

FILED JAN 30 1950

BIRTH NO.		REG. DIST. NO. 155	PRIMARY REG. DIST. NO. 5579	Registrar's No. 213	
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived... Institution: residence before admission) a. STATE Missouri b. COUNTY St Louis		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mineral		c. LENGTH OF STAY (In this place) 1 year		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper Co. TB Hosp			d. STREET ADDRESS (If rural, give location) 3118 Cedar Place		
3. NAME OF DECEASED a. (First) Gregory b. (Middle) Lewis c. (Last) Mead			4. DATE OF DEATH (Month) (Day) (Year) Dec 20-1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct 30-1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 1 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
13a. FATHER'S NAME Daron Mead		13b. MOTHER'S MAIDEN NAME Dorcas Justin		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Records	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 002X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/4 , 19 48 , to 12/20 , 19 49 , that I last saw the deceased alive on 12/20 , 19 49 , and that death occurred at 9:20 m., from the causes and on the date stated above.					
23a. SIGNATURE Jesse B. Douglas (Degree or title) MD			23b. ADDRESS St Louis City Mo		23c. DATE SIGNED 12/21/49
24a. BURIAL, CREMATION, OR REMOVAL (Specify) RURAL		24b. DATE 12-21-49	24c. NAME OF CEMETERY OR CREMATORY VAN BUREON, MO		24d. LOCATION (City, town, or county) (State) VAN BUREON, MO
DATE REC'D BY LOCAL REG. Dec 21-49		REGISTRAR'S SIGNATURE J.L. Hutchell		FUNERAL DIRECTOR'S SIGNATURE Wedge Lewis ADDRESS Wells City, Mo.	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

049
49
9

RECEIVED 1-16-50

Jasper County Health Office

County File Number 49-12-1019

Date Filed 1-24-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Howard J. Lewis*

Licensed Embalmer No. *4561*

P. O. Address *Webb City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.